



General Assembly

January Session, 2011

**Substitute Bill No. 6360**

\* \_\_\_\_HB06360HS\_\_\_\_031111\_\_\_\_ \*

**AN ACT CONCERNING NOTICE BY THE DEPARTMENT OF SOCIAL SERVICES OF A DECISION TO DENY PAYMENT FOR A PRESCRIPTION DRUG UNDER THE MEDICAID PROGRAM.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 17b-274 of the general statutes is amended by  
2 adding subsections (e) and (f) as follows (*Effective October 1, 2011*):

3 (NEW) (e) The Commissioner of Social Services or any independent  
4 pharmacy consultant acting on behalf of the Department of Social  
5 Services shall provide written notice to a Medicaid recipient whenever  
6 the commissioner or such consultant electronically denies payment, in  
7 whole or in part, for a prescribed drug. The commissioner or such  
8 consultant shall provide such notice to the Medicaid recipient at the  
9 time the recipient is at the pharmacy to obtain the drug or shall give  
10 notice by regular or electronic mail to the Medicaid recipient not later  
11 than twenty-four hours after the commissioner or such consultant  
12 denies payment for the drug. Such notice shall be individually tailored  
13 to describe the circumstances under which the commissioner or such  
14 consultant denied payment for the drug prescribed to the Medicaid  
15 recipient and shall: (1) Identify the drug for which payment was  
16 denied; (2) explain the reason for the denial of full or partial payment;  
17 (3) state the regulatory basis for the denial; (4) describe the process to  
18 request a hearing to review the denial; and (5) describe additional  
19 actions, if any, that the Medicaid recipient may take to obtain a supply  
20 of the drug for which payment was denied or a supply of a substitute  
21 drug.

22 (NEW) (f) The Commissioner of Social Services or independent  
 23 pharmacy consultant acting on behalf of the Department of Social  
 24 Services shall notify, in writing by regular or electronic mail, the  
 25 medical practitioner who issued the prescription for the drug for  
 26 which payment was denied not later than two business days after the  
 27 denial to advise the practitioner of such denial and whether the denial  
 28 was due to the practitioner's failure to obtain prior authorization for  
 29 the drug. If such denial was due to the practitioner's failure to obtain  
 30 prior authorization for the drug, the commissioner or such consultant  
 31 shall explain to the practitioner the need to obtain prior authorization  
 32 in accordance with the provisions of subsection (c) of this section and  
 33 shall provide the practitioner with the names of equally effective drugs  
 34 that do not require prior authorization. If the practitioner fails to  
 35 submit a request for prior authorization for the drug originally  
 36 prescribed for the Medicaid recipient and an equally effective drug not  
 37 requiring prior authorization is not dispensed to the Medicaid  
 38 recipient within twelve calendar days from the date of the  
 39 commissioner's or such consultant's initial denial, the commissioner or  
 40 such consultant shall contact the practitioner to again notify the  
 41 practitioner of the practitioner's ability to submit a request for prior  
 42 authorization for the drug originally prescribed or to prescribe an  
 43 equally effective drug not requiring prior authorization.

This act shall take effect as follows and shall amend the following sections:

Section 1	October 1, 2011	17b-274
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**Statement of Legislative Commissioners:**

In section 1(f), the phrase "subsection (e) of this section" was replaced with "subsection (c) of this section" for accuracy.

**HS**            *Joint Favorable Subst.-LCO*